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Attorney Docket Number DECLARATION FOR UTILITY OR Jung Chieh Lai First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date ☑ Declaration ☐ Declaration OR Submitted Group Art Unit Submitted after Initial Filing (surcharge with Initial (37 CFR 1.16 (e)) Examiner Name Filing required)

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
ELECTRONI	ELECTRONIC CARD CONNECTOR								
the specification of which	Title	e of the Invention)							
is attached hereto			••						
OR was filed on (MM/C	D/YYYY)	as United	d States Applica	tion Number or PCT International					
Application Number		as amended on (MM/DD/Y)	WW.	(if applicable).					
	eviewed and understand the	1							
	ent specifically referred to abo		med specification	n, melaging the claims, as					
I acknowledge the duty to o	disclose information which is	material to patentability as	defined in 37 CF	A 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)									
92210434	Taiwan	June/06/03	0000						
Additional foreign apolic	ation numbers are listed on a	supplemental priority data	sheet PTO/SB/0	028 attached hereto:					
I hereby claim the benefit	under 35 U.S.C. 119(e) of an	y United States provisional	application(s) lis	sted below.					
Application Number	r(s) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.					
		1							

[Page 1 of 2]

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03

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Please type a plus sign (+) inside this box ->.

Name of Sole or First Inventor:

K Additional inventors are being named on the 1

DECLARATION — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number (MWDD/YYYY) Number (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer Number Place Customer 25859 Number Bar Code OR Lahel here Registered practitioner(s) name/registration number listed below Registration Registration Number ' Number Name Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: 🔽 **Customer Number** 25859 Correspondence address below or Bar Code Label Name Address <u>Address</u> State ZIP City Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the

believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Given Name (mist and middle in any)					Eatiny (value of Sutuation					
Ju	ng Chie	h					Lai			
Inventor's Signature	Jung	Chie	h La	1				Date	08/25	
Residence: City	Tu-Ch	en	State		Country	Taiw	an	Citizenship	Taiwa	
Post Office Address	.1.650	Memor	ex Dr	ive						
Post Office Address		<u> </u>		- -						
city Santa	Clara	State	CA	ZIP	9505	0 .	Country	U.S.A	A .	

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/S8/02A (3-97)

sign (+) inside this box -> +

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									nventor	
Given Name (first and middle [if any])					Family Na	me or	Sumame	3		
Сì	ni-Ming	, <u>-</u>		······	·	Chen				
inventor's Signature	Chi - Ming Chen							Date	•	08/25/0
Residence: City	Tu-chen	State Country			Taiwan		Citizens	- 1	aiwan	
Post Office Address	1650 Memorex Drive									
Post Office Address										7
City	Santa Clara	State	CA		ZIP	95050	Countr	y U	.s.	Α.
Name of Addition	nal Joint Inventor, if a	ıny:			A petitio	n has been file	d for th	is unsigi	ned in	ventor
Given Nar	me (first and middle (if an	y])		Family Name or Surname						
Inventor's Signature								Da	te	
Residence: City		State			ountry			Citizer	nship	
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City		State			ZIP		Coun	try		
Name of Additional Joint Inventor, if any:										
Given Name (first and middle [if any]) Family Name or Sumame										
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